STATE OF INDIANA)	BEFORE THE INDIANA
COUNTY OF MARION) SS:	COMMISSIONER OF INSURANCE
	CAUSE NUMBER: 9054-AG10-0505-085
IN THE MATTER OF:)
Michael Piercy Respondent	
1904 E. Broadway Logansport, IN 46947	JUN 0 4 2010
License Number: 1750510	STATE OF INDIANA OEPT OF INSURANCE
Type of Agency Action: Enforcement)

FINAL ORDER AND APPROVAL

The Indiana Department of Insurance ("Department") and Michael Piercy, ("Respondent"), a licensed resident Indiana insurance producer, signed an Agreed Entry which purports to resolve all issues involved in the action by the Department regarding Respondent's license, and which has been submitted to the Acting Commissioner of Insurance (the "Commissioner") for approval.

The Commissioner, after reviewing the Agreed Entry, finds it has been entered into fairly and without fraud, duress or undue influence, and is fair and equitable between the parties. The Commissioner hereby incorporates the Agreed Entry as if fully set forth herein, and approves and adopts in full the Agreed Entry as a resolution of this matter.

IT IS THEREFORE ORDERED by the Commissioner of Insurance:

1. Respondent's insurance producer license number 1750510 is permanently revoked, effective immediately.

Doug Webber, Acting Commissioner Indiana Department of Insurance

Distribution:

Nikolas P. Mann **INDIANA DEPARTMENT OF INSURANCE** 311 West Washington Street, Suite 300 Indianapolis, Indiana 46204-2787

Michael Piercy 1904 E. Broadway Logansport, IN 46947

STATE OF INDIANA)	BEFORE THE INDIANA
COUNTY OF MARION) SS:	COMMISSIONER OF INSURANCE
	CAUSE NUMBER: 9054-AG10-0505-085
IN THE MATTER OF:)
Michael Piercy Respondent	
1904 E. Broadway Logansport, IN 46947	JUN 0 4 2010
License Number: 454178	STATE OF INDIANA DEPT. OF INSURANCE
Type of Agency Action: Enforcement	nt)

AGREED ENTRY

This Agreed Entry is entered into by Nikolas P. Mann, Attorney for and on behalf of the State of Indiana, Department of Insurance ("Department"), and Michael Piercy ("Respondent"), a licensed Indiana resident insurance producer, to resolve all matters in the administrative action commenced by the Department. This Agreed Entry is subject to the review and approval of Doug Webber, Acting Commissioner for the Indiana Department of Insurance.

WHEREAS, Respondent is a licensed resident insurance producer in the State of Indiana, holding license number 1750510 and,

WHEREAS, the Department commenced an investigation of Respondent after receipt of notice from Farmers Insurance Group ("Farmers") that Respondent's appointments had been cancelled because Respondent mishandled premiums belonging to Farmers; and,

WHEREAS, the Department and Respondent desire to resolve their differences and settle the issues without the necessity of an administrative hearing.

IT IS THEREFORE NOW AGREED by and between the parties as follows:

1. The Commissioner has jurisdiction over the subject matter and the Respondent in

this administrative action.

2. This Agreed Entry is executed voluntarily by the parties. Respondent voluntarily

and freely waives his right to a public hearing on this matter.

3. Respondent voluntarily and freely waives his right to petition for judicial review

of this agreement and the Commissioner's Final Order.

4. Respondent agrees to the permanent revocation of his insurance producer license

number 1750510.

5. The Department agrees to accept Respondent's compliance with the terms of this

Agreed Entry as full resolution of this matter.

6. Respondent is aware that failure to comply with any terms of this agreement will

result in the matter being set for hearing.

7. Respondent has carefully read this agreement and fully understands and accepts

its terms.

Date Signed

Date Signed

Nikolas P. Mann, Attorney

Indiana Department of Insurance

Michael Piercy, Respondent

STATE OF INDIANA)
COUNTY OF
Before me a Notary Public for County, State of,
personally appeared Michael Piercy and being first duly sworn by me upon his oath, says that the
facts alleged in the foregoing instrument are true. Signed and sealed this 25th day of
Muy, 2010.
Notary Signature Notary Signature
Jill A. Campbell Printed
My Commission Expires: 11-22-2015
County of Residence:

Return executed originals to:

INDIANA DEPARTMENT OF INSURANCE Enforcement Division, Suite 300 311 West Washington Street Indianapolis, IN 46204-2787 317/233-4243 - telephone 317/232-5251 - facsimile